

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030551

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7619

STATE FILE NUMBER

FILED AUG 1 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **St. Louis, Missouri**

Length of stay in 1b  
**1 week**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **Barnes Hospital**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo.** b. COUNTY **St. Louis**

c. CITY  
OR  
TOWN **University City**

**University City**

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS **1534 79th St.**

**1534 79th St.**

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

**Sadye Stern**

First

Last

4. DATE  
OF  
DEATH

**July 23, 1963**

Month

Day

Year

5. SEX  
**Female**

6. COLOR OR RACE  
**Cauc.**

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
**5/19/1911**

9. AGE (last birthday)  
**52**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**housewife**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
**St. Louis, Mo.**

12. CITIZEN OF WHAT COUNTRY  
**USA**

13a. FATHER'S NAME

**Max Stern**

13b. MOTHER'S MAIDEN NAME

**Fannie Landau**

14. NAME OF HUSBAND OR WIFE

**David**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

**Herman Stern 1400 Midland**

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Malignant lymphoma**

INTERVAL BETWEEN  
ONSET AND DEATH

**1 1/2 years**

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

**200-2**

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **October, 1962** to **July 23, 1963** and last saw her/him alive on **July 23, 1963**  
Death occurred at **5:15 p. m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
**C. P. Vermillion, M. D.**

22b. ADDRESS

**Barnes Hospital**

22c. DATE SIGNED

**7/24/63**

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

**Rem.**

23b. DATE

**7/25/1963**

23c. NAME OF CEMETERY OR CREMATORY

**Beth Hamedrosh Hagodol**

23d. LOCATION (City, town, or county)

**Ladue, Mo.**

(State)

24. FUNERAL DIRECTOR

**Berger Memorial 4715 McPherson**

ADDRESS

25. DATE RECD. BY LOCAL REG.

**JUL 24 1963**

26. REGISTRAR'S SIGNATURE

**Lois Smith, M. D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Seamus J. Lewis

Licensed Embalmer No. 3988

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.